PLACE OF BIRTH County of Louis	ARIZONA STATE BOA	RD OF HEALTH
istrict of Thumb	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH	State Index No
	ONIGHAL DENTIL DATE OF BIRTH	County Registrar No.
or .	**	Local Registrar No.
ity of	birth occurred in a hospital or institution, give	its NAME instead of street and number)
Full name of child Carroll		j If child is not yet named, make i supplemental report, as directed.
in event of plural	6. Twin, triplet or other 6. feritimate? 5. No., in order of birth 6.	of birth Morth day year
Pull name Samuel a, Hz	rught fr Full maiden name Lil	la Belle O'Quinn
Residence (Usual place of abode) If nonresident, give place and state	15. Residence (Usual place of a	
O. Color or race	16. Color or race	
0.0	20 718 to	17. Age at last birthday 3 4 (Years)
		11,201
2. Birthplace (city or place)		
(State or country) (Ang.	(State or country)	Miss
13. Occupation Nature of industry	19. Occupation Nature of industry	House wife
. Number of children of this mother) (a)	Born alive and now living 2 21. Were I	recautions taken against oph-
aken as of time of birth of child herein (b)	Born alive but now dead thalmia	neonaterum? yes —
CERTIFICATE	OF ATTENDING PHYSICIAN OR MID	WIFE*
hereby certify that I attended the birth of this	child, who was alleve (Born alive or stillborn.)	at 2 7. fm. on the date above stated.
*When there was no attending physician or nidwife, then the father, householder, etc., 8 hould make this return. A stillborn child	lignature Mw. Dr. R. Pet	tus
s one that neither breathes nor shows other	Address young Trizo	(Physician or midwife)
supplemental report Month, day, year.	Filed	Cla grung
monun, day, year.	Du A	A Region of
Registrar.	Filed	County Registrar,

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